## OHIO DEPARTMENT OF HEALTH



246 North High Street Columbus, Ohio 43215

614/466-3543 www.odh.ohio.gov

John R. Kasich/Governor

Lance Himes/Director of Health

Nancy Voitus, Executive Director Catholic Charities Regional Agency 319 W. Rayen Ave., Youngstown, OH 44502

Dear Ms. Voitus:

Thank you for your interest in the Choose Life program and for your application for Choose Life funding. The application(s) was approved for the following county(s) in the amount(s) of:

Mahoning \$180.00
 Columbian \$140.00
 Trumbull \$120.00

Enclosed is a copy of the application as was submitted. You should receive an award totaling \$440.00 within the next 30 days.

If you have an questions, please contact the Choose Life Program Consultant, Marius Igwe at Marius.Igwe@odh.ohio.gov. or 614-466-4634.

Lance Himes
Director of Health

Sincerely



## **Catholic Charities Regional Agency**

Serving Columbiana, Mahoning and Trumbull Counties

Providing Help. Creating Hope.

May 7, 2018

Administrative Offices

Mahoning County 319 W. Rayen Ave.

Youngstown OH 44502 Choose Life Fund/ ODH

330-744-3320

Bureau of Maternal, Child and Family

Attn: Marius Igwe

246 North High Street 6th Floor

Trumbull County 175 Laird Ave NE Warren OH 44483

330-393-4254

Columbus OH 43215

Dear Mr. Igwe:

Christina Center 115 E. Washington St. Lisbon OH 44432 330-420-0845 Please find enclosed our application for Choose Life Funds from the Ohio Department of Health.

Christina House P.O. Box 262 Lisbon OH 44432 330-420-0036 Our agency's administrative offices are in Youngstown, Mahoning County, but our agencies serves three counties — Columbiana, Mahoning and Trumbull Counties. We have offices in each county that provide services to pregnant women. The addresses of each county are on this letterhead. I wanted to be sure our application reflected the three county service area.

Thank you for your consideration and time.

Catholic Charities Senior Center/ Dierker Center 600 E. Fourth St. East Uverpool OH 43920 330-385-4732

Nancy Voitus

**Executive Director** 











(Rev. December 2014) Department of the Treasury Internal Revenue Service

### **Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

	d Name for observe our set of the ball to the set of th						
	1 Name (as shown on your income tax ratum). Name is required on this itn Catholic Charities Regional Agency	e; do not leave, this line blank.		Annual Section 1			
oi l	2 Business name/disregarded entity name, if different from above						
eßad							
5	☐ Individuat/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☐ single-member LLC			4 Exemptions (codes apply only to certain sntitles, not individuals; see instructions on page 3):  Exampt payee code (if any)			
Print or type : Instruction	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tex classification of the single-member owner.			Exemption from FATCA reporting code (If any)			
훈등	☐ Other (see Instructions) ►			(Applies to accounts maintained outside the (LS.)			
碧	Address (number, street, and apt. or suite no.)			and address (optional)			
8 3	319 W. Rayen Ave	No.					
888	6 City, state, and ZIP code						
III.	Youngstown Ohio 44502						
1	7 List account number(a) here (optional)						
Part							
Enter yo	our TIN in the appropriate box. The TIN provided must match the n	ame given on line i to avoid	Social sec	surity number			
meldent	withholding. For individuals, this is generally your social security nation, sole proprietor, or disregarded entity, see the Part I instruction	umber (SSN). However, for a					
entities.	it is your employer identification number (EIN). If you do not have	ons on page 3. For other		1-1 1 1-1 1 1 1			
TIN on p	page 3.	a manusci, assi now to Set s	or	-/			
Note. If	the account is in more than one name, see the instructions for line	1 and the chart on page 4 fo		identification number			
guidelin	es on whose number to enter.	The area of the page of the					
Part I				S. 11 - S. 17 - 11 - 11 - 11 - 11 - 11 - 11 - 11			
	enalties of perjury, I certify that:						
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2. 1 am r	not subject to backup withholding because; (a) I am exempt from h	secials withholding or (b) I fo	me not been n	added by the Internal Province			
COLAI	ce (IRS) that I am subject to backup withholding as a result of a fall nger subject to backup withholding; and	ure to report all interest or di	vidends, or (c)	the IRS has notified me that I am			
3. lama	u.S. citizen or other U.S. person (defined below); and						
	ATCA code(s) entered on this form (if any) indicating that I am exert	apt from FATCA reporting is	correct.				
Certifica	i <b>tion instructions.</b> You must cross out item 2 shove if you have be	en notified by the IRS that w	NI ozo zumonih	subject to beck a withholding			
interest p penerally	you have falled to report all interest and dividends on your tax returned, acquisition or abandonment of secured property, cancellation approperty of payments other than interest and dividends, you are not required as on page 3.	rm. For real estate transaction of debt. contributions to en	ns, item 2 does	s not apply. For mortgage			
Sign							
Here	U.B. person ► Clucy (Ville)	Dirta ►	5-14-18	(			
	ral Instructions	Form 1098 (home mortgage (tuition)	Interest), 1098-6	E (student loan interest), 1098-T			
section ref	ferences are to the Internal Revenue Code unless otherwise noted.	• Form 1099-C (canceled det	ot)				
a legislatio	relopments. Information about developments affecting Form W-9 (such on enacted after we release it) is at www.bs.gov/fiv9.	<ul> <li>Form 1099-A (acquisition or</li> </ul>	abandonment of	secured property)			
-		Line Form W.O only X rouse					

### G

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ATIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DiV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, swards, or gross proceeds)
- ... Form 1099-B (stock or mutual fund sales and certain other transactions by. brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)

u are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be leaued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 1724. Certify that EATCA code(s) entered on this form (if any) indicating that you are a respectful exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information,

Interested Organizations: This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	Catholic Charities Regional Agency
OAKS Supplier Number & Address Code	0000063099 address code #2
Federal Tax ID Number	
Street Address	319 W. Rayen Ave. Youngstown OH 44502
City, State Zip code	Toungstown Un 445UZ
County of Location Providing Services (Entity must be physically present in the county to apply for funding; Only one Application Per Location)	Mahoning County
Address where ODH should Direct Payment	319 W Rayen Ave Youngstown OH 44502
Countles of Service This location serves women from the following counties:	Mahoning County
Name of Person and Title completing application	Nancy Voitus, Executive Director
Area Code/Phone Number	1330 <b>-7</b> 44 <del>-</del> 3320
Email	nvoitus@ceregional.org

- ii. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:
  - A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
  - B. Is a private, nonprofit organization:
  - C. Is committed to counseling pregnant women about the option of adoption:
  - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
  - E. Does not charge pregnant women for any services received;
  - F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising:
  - G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

- III. Funding available in contiguous and noncontiguous counties: Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. The ODH Director shall distribute funds allocated for a county as follows:
  - To one or more eligible organizations located within the county (entity must be physically present in the county to apply for funding);
  - If no eligible organization located within the county applies for funding, to one or more eligible organizations located in contiguous counties (entity must be physically present in the contiguous county to apply for funding);
  - If no eligible organization located within the county or a contiguous county applies for funding, to one or more eligible organizations within any other county that serves women from the identified county(ies).

- IV. For Current Choose Life Organizations: By June 1, 2018, the following (A & B) is required with this Application:
  - A. One (1) of the following three (3) forms of reporting for the previous year, June 1, 2017 to May 31, 2018, ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
    - 1. <u>An Audited Financial Statement</u>. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with current accounting standards. Statements must verify that the Choose Life funds were used as follows:
      - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;
      - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising:
      - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or
    - 2. <u>Notarized Financial Statement Form</u>. This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
      - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation:
      - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising:
      - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or.
    - 3. <u>Expenditure Tracking Form</u>. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and.
  - B. <u>Update Supplier Information online.</u> If Organization has any changes to the information requested in Section I of the application, it must update its account on the OAKS Supplier module. To update supplier account online at the OAKS Supplier Self-Registration module visit: www.supplier.obm.ohio.gov.

Assistance in completing Supplier information can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

- V. For New Choose Life Organization Applicants: By June 1, 2018, the following (A & B) is required with this application:
  - A. Organization must register online using the OAKS Supplier Self-Registration module at <a href="https://www.supplier.obm.ohio.gov">www.supplier.obm.ohio.gov</a>;
  - B. Complete one (1) original, signed <u>W-9 form</u> per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed (required);
  - C. Any Organization may opt for electronic deposit by completing the *Authorization Agreement for <u>Direct Deposit of EFT Payments form</u> (optional).*

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

VI. By June 1, 2019, all Organizations shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2018—May 30, 2019).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

Date

Signature of Person Completing Application

Executive Director

[Print Name & Title]

Application to be submitted to:

ODH/Choose Life Fund Bureau of Maternal, Child and Family, Attention: Marius Igwe 246 North High Street, 6<sup>th</sup> floor Columbus, OH 43215

Contact Marius Igwe with questions at Marius.Igwe@odh.ohio.gov or 614.466.4634.



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Bureau of Maternal, Child and Family

Attn: Marius Igwe

246 North High Street 6th Floor

**Trumbull County** 175 Laird Ave NE Warren OH 44483 330-393-4254

Columbus OH 43215

Dear Mr. Igwe:

Christina Center 115 E. Washington St. Lisbon OH 44432 330-420-0845

Please find enclosed our application for Choose Life Funds from the Ohio

Department of Health.

Christina House P.O. Box 262 Lisbon OH 44432 330-420-0036

Our agency's administrative offices are in Youngstown, Mahoning County, but our agencies serves three counties - Columbiana, Mahoning and Trumbull Counties. We have offices in each county that provide, services to pregnant women. The addresses of each county are on this letterhead. I wanted to be sure our application reflected the three county service area.

Thank you for your consideration and time.

Catholic Charities Senior Center/ Dierker Center 600 E. Fourth St. East Liverpool OH 43920 330-385-4732

**Executive Director** 











(Rev. Depember 2014) Department of the Treasury

### **Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

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	1 Name (as shown on your income tax return). Name is required on this line	; do not iqaye,thiq (ine blank.		4.			
s on page 2.	Catholic Charities Regional Agency						
	2 Business name/disregarded entity name, if different from above						
	3 Check appropriate box for federal tax classification; check only one of the	following seven boxes:		4 Exemptions (codes apply only to			
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corpor single-member LLC	cartain entities, not individuals; see instructions on page 3);					
2 2	Limited liability company. Enter the tax classification (C=C corporation,	Exempt payes code (if any)					
Print or type:	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line shows for			Exemption from FATCA reporting			
11	une tax dissation of the single-member owner.			code (if eny)			
조글	☐ Other (see instructions) ►  6 Address (number, street, and apt, or suits no.)			(Applies to accounts maintained outside the U.S.)			
귷		Re	Requester's name and address (optional)				
용	319 W. Rayen Ave 6 City, state, and ZIP code						
8	Youngstown Ohio 44502						
-	7 List account number(e) here (optional)						
	- man and the limit follows following						
Par	Taxpayer Identification Number (TIN)						
<b>ENTROPIE</b>	your TIN in the appropriate box. The TIN provided must match the ne	me obser on line 1 to smald	Social sec	surity number			
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TIN on	s, it is your employer identification number (EIN). If you do not have a n page 3.	number, see How to get a	or				
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Bridel	ines on whose number to enter.	and the chart on befig 4 to					
Part	Certification		-				
Under	penalties of perjuly, I certify that:						
1. The	number shown on this form is my correct texpayer identification nur	nber (or I am waiting for a n	umber to be les	ued to me); and			
2. lan	not subject to backup withholding because: (a) I am exempt from b	ickup withholding or (h) I h	ave not been n	atiliad by the Internal Revenue			
Ser	vice (IHS) that I am subject to backup withholding as a result of a fall	re to report all Interest or d	videnda, or (c)	the IRS has notified me that I am			
	onger subject to backup withholding; and						
	a U.S. citizen or other U.S. person (defined below); and						
I. The	FATCA code(s) entered on this form (if any) indicating that I am exem	pt from FATCA reporting is	correct.				
Certific	cation instructions. You must cross out item 2 above if you have be	on notified by the IRS that y	ou are currently	subject to backup withholding			
nteresi	e you have falled to report all interest and dividends on your tax retuing paid, acquisition or abandonment of secured property, cancellation	n. For real estate transaction of debt. contributions to an	ns, item 2 does	not apply. For mortgage			
jenera:	ly, payments other than interest and dividends, you are not recuired:	to sign the certification, but	you must provi	de your correct TIN. See the			
IBUUCI	ions on page 3.						
3ign Iere	Signature of U.S. person > Cancy Cicles		- 100 3	45			
1010	U.S. person ➤ Character (Marches)	Data ►	5747	5			
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uture d	evelopments. Information about developments affecting Form W-9 (such	• Form 1099-A (sequisition o		secured property)			
	ttlon ensisted after we release tt) is at www.lrs.gov/fw9.			(including a resident alien), to			
	se of Form	provide your correct TIN,		-			
n individ dum wii	tual or entity (Form W-9 requester) who is required to file an information	If you do not return Form V to beckup withholding. See V	/-9 to the request fast is beckup wit	er with a TIN, you might be subject			

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- Form 1099-K (merchant card and third party network transactions)

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ODH and Organization Information.

Organization	Catholic Charities Regional Agency			
OAKS Supplier Number & Address Code	0000063099 address code #2			
Federal Tax ID Number				
Street Address	115 East Washington Street			
City, State Zip code	Lisbon, OH 44432			
County of Location Providing Services (Entity must be physically present in the county to apply for funding; Only one Application Per Location)	Columbiana			
Address where ODH should Direct Payment	319 W. Rayen Ave. Youngstown OH 44502			
Countles of Service This location serves women from the following counties:	Columbiana			
Name of Person and Title completing application	Nancy Voitus, Exacutive Director			
Area Code/Phone Number	330-744-3320			
Email	nvoitus@ccregional.org			

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:
  - A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
  - B. Is a private, nonprofit organization:
  - C. Is committed to counseling pregnant women about the option of adoption;
  - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
  - E. Does not charge pregnant women for any services received;
  - F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
  - G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

- III. Funding available in contiguous and noncontiguous counties: Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. The ODH Director shall distribute funds allocated for a county as follows:
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- IV. For Current Choose Life Organizations: By June 1, 2018, the following (A & B) is required with this Application:
  - A. One (1) of the following three (3) forms of reporting for the previous year, June 1, 2017 to May 31, 2018, ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
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  - B. <u>Update Supplier Information online</u>, If Organization has any changes to the information requested in Section I of the application, it must update its account on the OAKS Supplier module. To update supplier account online at the OAKS Supplier Self-Registration module visit: <a href="www.supplier.obm.ohio.gov">www.supplier.obm.ohio.gov</a>.

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- V. For New Choose Life Organization Applicants: By June 1, 2018, the following (A & B) is required with this application:
  - A. Organization must register online using the OAKS Supplier Self-Registration module at www.supplier.obm.ohio.gov;
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VI. By June 1, 2019, all Organizations shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2018–May 30, 2019).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

Date

Signature of Person Completing Application

[Print Name & Title]

Application to be submitted to:

ODH/Choose Life Fund Bureau of Maternal, Child and Family, Attention: Marius Igwe 246 North High Street, 6<sup>th</sup> floor Columbus, OH 43215

Contact Marius Igwe with questions at Marius.Igwe@odh.ohio.gov or 614.466.4634.



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May 7, 2018

Administrative Offices
Mahoning County
319 W. Rayen Ave.

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Christina Center 115 E. Washington St. Lisbon OH 44432 330-420-0845

Please find enclosed our application for Choose Life Funds from the Ohio Department of Health.

Christina House P.O. Box 252 Lisbon OH 44432 330-420-0036 Our agency's administrative offices are in Youngstown, Mahoning County, but our agencies serves three counties – Columbiana, Mahoning and Trumbull Counties. We have offices in each county that provide services to pregnant women. The addresses of each county are on this letterhead. I wanted to be sure our application reflected the three county service area.

Thank you for your consideration and time.

Catholic Charities Senior Center/ Dierker Center 600 E. Fourth St. East Liverpool OH 43920 330-385-4732

Nancy Voitus

**Executive Director** 











(Rev. December 2014) Department of the Treesury Internal Revenue Service

## **Request for Taxpayer** Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	1 Name (as at a				sold to the inte.			
	1 Name (as shown on your income tax return). Name is required on this	line; do not iqaye,this line biank						
	Catriolic Charties Regional Agency							
c)	2 Business name/disregarded entity name, if different from above							
9080								
Print or type Specific Instructions on g	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate in Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)			instructions of	4 Examptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exampt payee code (if any)			
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. 8	319 W. Rayen Ave		Requester's name s	ind address (o)	otional)			
See S	6 City, state, and ZIP code							
25	Youngstown Ohio 44502							
	7 List account number(s) here (options)							
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entities	B, it is your employer identification number (CIA). Know the	tions on page 3. For other		-				
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3. Iam	a U.S. citizen or other U.S. person (defined below); and							
4. The F	ATCA code(s) entered on this form (if any) indicating that I am exce	ant from EATCA monada						
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An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your eachs ascurity number (SN), included taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (Interest earned or paid)
- Form 1099-DIV (dividencia, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, swards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

if you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not aubject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable chare of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

**Interested Organizations:** This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

ODH and Organization Information.

Organization	Catholic Charities Regional Agency
OAKS Supplier Number & Address Code	
Federal Tax ID Number	0000063099 address code #2
Street Address	375 Laird Avenue Ng
City, State Zip code	Warren OH 44484
County of Location Providing Services (Entity must be physically present in the county to apply for funding; Only one Application Per Location)	Frumbull County
Address where ODH should Direct Payment	319 W. Rayen Ave. Youngstown OH 44502
Counties of Service This location serves women from the following counties:	Trumbull County
Name of Person and Title completing application	Nancy Voitus, Executive Director
Area Code/Phone Number	330-744-3320
Email	nvoitus@ccregional.org

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohlo Revised Code (ORC) 3701.65 and rules under Ohlo Administrative Code (OAC) 3701-74-01, and I certify that the Organization:
  - A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
  - B. Is a private, nonprofit organization;
  - C. Is committed to counseling pregnant women about the option of adoption;
  - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women:
  - E. Does not charge pregnant women for any services received;
  - F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising:
  - G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

- III. Funding available in contiguous and noncontiguous counties: Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. The ODH Director shall distribute funds allocated for a county as follows:
  - To one or more eligible organizations located within the county (entity must be physically present in the county to apply for funding);
  - If no eligible organization located within the county applies for funding, to one or more eligible organizations located in contiguous counties (entity must be physically present in the contiguous county to apply for funding);
  - If no eligible organization located within the county or a contiguous county applies for funding, to one or more eligible organizations within any other county that serves women from the identified county(ies).

- IV. For Current Choose Life Organizations: By June 1, 2018, the following (A & B) is required with this Application:
  - A. One (1) of the following three (3) forms of reporting for the previous year, June 1, 2017 to May 31, 2018, ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
    - 1. <u>An Audited Financial Statement</u>. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with current accounting standards. Statements must verify that the Choose Life funds were used as follows:
      - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;
      - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
      - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or
    - 2. <u>Notarized Financial Statement Form</u>. This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
      - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;
      - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
      - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,
    - 3. <u>Expenditure Tracking Form</u>. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,
  - B. <u>Update Supplier Information online.</u> If Organization has any changes to the information requested in Section I of the application, it must update its account on the OAKS Supplier module. To update supplier account online at the OAKS Supplier Self-Registration module visit: <a href="https://www.supplier.obm.ohio.gov">www.supplier.obm.ohio.gov</a>.

Assistance in completing Supplier information can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

- V. For New Choose Life Organization Applicants: By June 1, 2018, the following (A & B) is required with this application:
  - A. Organization must register online using the OAKS Supplier Self-Registration module at www.supplier.obm.ohio.gov;
  - B. Complete one (1) original, signed <u>W-9 form</u> per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed (required);
  - C. Any Organization may opt for electronic deposit by completing the Authorization Agreement for <u>Direct</u> Deposit of EFT Payments form (optional).

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

VI. By June 1, 2019, all Organizations shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2018-May 30, 2019).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct Itself in the manner prescribed above.

Signature of Person Completing Application

Application to be submitted to:

**ODH/Choose Life Fund** 

Bureau of Maternal, Child and Family, Attention: Marius Igwe

246 North High Street, 6th floor

Columbus, OH 43215

Contact Marius Igwe with questions at Marius Igwe@odh.ohio.gov or 614.466.4634.

Interested Organizations: This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	Gatholdo Mandat
OAKS Supplier Number & Address Code	Catholic Charities Regional Agency
Federal Tax ID Number	0000063099 address code #2
Street Address	319 W. Rayen Ave Youngatown OH 44502
City, State Zip code	
County of Location Providing Services (Entity must be physically present in the county to apply for funding; Only one Application Per Location)	Youngstown Ohio 44502 Mahoning, Trumbull and Columbiana
Address where ODH should Direct Payment	319 W. Rayen Ave Youngstown Ohio 44502
Counties of Service This location serves women from the following counties:	Mahoning, Trumbull and Columbiana Counties
Name of Person and Title completing	Nancy Voitus, Executive Director
Area Code/Phone Number	330.744.3320
Email	nvoitus@ccregional.org

- il. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:
  - A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
  - B. Is a private, nonprofit organization;
  - C. Is committed to counseling pregnant women about the option of adoption;
  - Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
  - E. Does not charge pregnant women for any services received;
  - F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
  - G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

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B. <u>Update Supplier Information online.</u> If Organization has moved, update supplier account online at the OAKS Supplier Self-Registration module at www.supplier.obm.ohio.gov.

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48, 2018

Signature of Person Completing Application

Nancy Voitus, Executive Director

[Print Name & Title]

Application to be submitted to:

ODH/Choose Life Fund Bureau of Maternal, Child and Family, Attention: Marius Igwe 246 North High Street, 6th floor Columbus, OH 43215

Contact Marius Igwe with questions at Marius.Igwe@odh.ohio.gov or 614.466.4634.

Department of the Treasury

### **Request for Taxpayer** Identification Number and Certification

Give Form to the requester. Do not

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	1 Name (as shown on your income tax return). Name is required on this life	ne; do not leave this line blank					
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ගී	Youngstown Ohio 44502						
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ecaus(	etion instructions. You must cross out item 2 above if you have be by you have failed to report all interest and dividends on your tax retu- paid, acquisition or abandonment of secured properly, cancellation	en notified by the IRS that	you are currently a	subject to k	ackup	withh	oldina
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Future developments. Information about developments affecting Form W-9 (such se legislation enacted after we release it) is at www.irs.gov/fw9.

### Purpose of Form

An inclividual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

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- Form 1099-A (acquisition or abandonment of secured property)

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- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.